

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010334

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District 30 1963 27

Primary Registration District No. 3005

Registrar's No. 59

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Bates</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>				Length of stay in 1b <b>3 days</b>		c. CITY OR TOWN <b>Butler</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bates Co Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>William Andrew Skaggs</b>				4. DATE OF DEATH Month <b>Mar</b> Day <b>8</b> Year <b>1963</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/12/1907</b>	
9. AGE (last birthday) <b>55</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>general farming</b>		11. BIRTHPLACE (City and state or country) <b>Bates Co Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John E Skaggs</b>		13b. MOTHER'S MAIDEN NAME <b>Rena Hines</b>		14. NAME OF HUSBAND OR WIFE <b>single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>[redacted]</b>		17. INFORMANT Address <b>Virgil Skaggs, Butler Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Influenza</b> DUE TO (c) <b>[redacted]</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary emphysema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>			
20c. TIME OF INJURY Hour <b>None</b> s.m. <b>None</b> p.m. <b>None</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Butler</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>3-5-63</b> to <b>3-8-63</b> and last saw him alive on <b>3-7-63</b> Death occurred at <b>2 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <b>[Signature]</b> (Degree or title) 22b. ADDRESS <b>Butler Missouri</b> 22c. DATE SIGNED <b>3-11-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/11/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Morris Cemetery</b>		23d. LOCATION (City, town, or county) <b>Bates Co Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Clyver Underwood, Butler Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>3-11-63</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John H. Underwood*

Licensed Embalmer No.

*3585*

P. O. Address

*Butler Ind*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.